

COMBINED DECLARATION/POWER OF ATTORNEY FOR UTILITY/DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF AND DEVICE FOR EVALUATEING RESIN USING INJECTION MOLDING MACHINE

the specification of which is attached hereto, unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefit(s) under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application(s) for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

63529/2001	Japan	7/3/2001	<input type="checkbox"/>
(Number)	(Country)	Day/Month/Year Filed	
209448/2001	Japan	10/7/2001	<input type="checkbox"/>
(Number)	(Country)	Day/Month/Year Filed	

I hereby claim the benefit under 35 U.S.C. § 120 or § 119(e) of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Serial No.)	(Filing Date)	(Status -- patented, pending, abandoned)
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(Application Serial No.)	(Filing Date)	(Status -- patented, pending, abandoned)
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I hereby appoint the following attorneys and agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Inventor's Signature Masao Kamiguchi Date 25/2/2002

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☒ Additional inventors are being named on separately numbered sheets attached hereto.

COMBINED DECLARATION/POWER OF ATTORNEY FOR UTILITY/DESIGN PATENT APPLICATION

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Full name fourth joint, inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of fifth joint inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name sixth joint, inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of seventh joint inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name eighth joint, inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name ninth joint, inventor, if any _____

Inventor's Signature _____ Date _____

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